



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**3 MEAL MENU TEMPLATE (5 DAY)**

NAME OF CENTER/FACILITY					
YEAR		WEEK OF			
<b>BREAKFAST</b>	DATE / /				
Milk					
Vegetable, fruit, or portions of both					
Grain Indicate "WG" next to Whole Grain menu items or Meat/Meat alternate (no more than 3 times per week at breakfast only)					
Other Foods					
<b>LUNCH</b>					
Milk					
Meat/Meat Alternates Meat, poultry, or fish or tofu, soy product, or alternate protein products					
Vegetable					
Fruit					
Grain					
Other Foods					
<b>SNACK AM or PM (Circle) Serve 2 of 5 components</b>					
Milk					
Meat/Meat Alternates					
Vegetable					
Fruit					
Grain					
Other Foods					

**Note:** Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.